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## BIB DATA SHEET

CONFIRMATION NO. 8766

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/820,918	04/08/2004 RULE	623	3774	1000-008

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/461,339 04/08/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
06/19/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWINGS 10	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
Verified and Acknowledged (PAUL B PREBLIC/ Examiner's Signature)	Initials				

**ADDRESS**

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**TITLE**

Intraluminal support device with graft

<b>FILING FEE RECEIVED</b> 1062	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit